

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Globe</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>119</u>
District of <u>Globe</u>	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>384</u>
Town of _____	or <u>Born - El Capitan Highway - 20 miles from Globe</u>		Local Registrar No. _____
City of _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		St. _____ Ward _____
2. Full name of child <u>Unnamed - died</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>M</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>Yes</u>
5. No., in order of birth <u>1</u>		7. Date of birth <u>Sept 9 1923</u>	
8. FATHER		14. MOTHER	
Full name <u>Leinard Sorrells</u>		Full maiden name <u>Vashti Waldrip</u>	
9. Residence (Usual place of abode) <u>Globe Ariz</u>		15. Residence (Usual place of abode) <u>Globe</u>	
If nonresident, give place and state _____		If nonresident, give place and state _____	
10. Color or race <u>W.</u>		16. Color or race <u>W.</u>	
11. Age at last birthday <u>26</u> (Years)		17. Age at last birthday <u>26</u> (Years)	
12. Birthplace (city or place) <u>Springerville Ariz.</u>		18. Birthplace (city or place) <u>Mountain Park New Mex</u>	
(State or country)		(State or country)	
13. Occupation		19. Occupation	
Nature of industry <u>Cattle Ranch</u>		Nature of industry <u>Housewife</u>	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>No</u>	
(a) Born alive and now living _____		(b) Born alive but now dead _____	
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>Globe</u> on the date above stated.			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>W. H. Horst</u> (Physician or midwife)	
Address <u>Globe</u>			
Given name added from a supplemental report _____		Filed <u>Sept 12 1923</u> <u>B. G. Joy</u> Local Registrar.	
Month, day, year.		Filed <u>Oct 5 1923</u> <u>B. G. Joy</u> County Registrar.	
Registrar.			

022-909-567